BEST AVAILABLE COPY

	PATENT A	APPLICATIO Effect	N FEE DE	RD	Application of Docket Number  18133-075								
		CLAIMS AS	S FILED - (Column			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			24					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			ኃ ረያ minus 20=		4			X\$ 9=		OR	X\$18=	72	
INDEPENDENT CLAIMS			6 minus 3 =		-3			X40=		OR	X80=	240	l
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	<u> </u>	
33-If-th : difference in column 1 is less than zero, enter "0" in column 2						-	TOTAL	ļ	OR	TOTAL	1,022		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	KEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	"X	4	=		X\$ 9=		OR	X\$18=		
	Independent	. 1	Minus	(	0	= /		X40=		OR	X80	86-	卜
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=		
alitos compres							l	TOTAL ADDIT, FEE			TOTAL ADDIT, FEE	84	-
ť	71, "NA	(Column 1)		(Colu		(Column 3)							İ
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.24	Minus	·á	4	= 0		X\$ 9=		OR	X\$18=		ĺ
ME	Independent	. 17	Minus	*** /	2_	=//		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDEN	PCLAIM		۱ '	+135=		OR	+270=		
							L	TOTAL			TOTAL ADDIT. FEE	7	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		•	AUDII. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	. "	HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE_	
	Total	*	Minus	••		= ·	]	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		]=	]	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		<b></b> -	
	- If the entry in colu	mn 1 is less than 1	the entry in colu	ımn 2, writ	e "0" in ca	olumn 3.		+135= TOTAL	<u> </u>	OR	+270= TOTAL		Į
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												1	